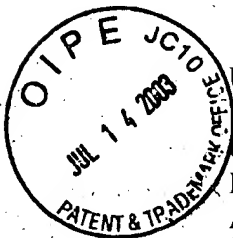


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3761
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United States Department of Commerce
United States Patent and Trademark Office
Commissioner For Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

MAILING CERTIFICATE UNDER 37 C.F.R. 1.8(A)

I hereby certify that the above correspondence is being deposited with the U.S. Postal Service as First Class Mail, on July 8, 2003, in an envelope addressed to: United States Department of Commerce, United States Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Printed Name: Steven Thrasher

Signature: 

Date: July 8, 2003

RE: PATENT APPLICATION FEE DETERMINATION RECORD

Application Number: 09/595,787
Filing Date: 06/16/2000
First Named Applicant: Drew Waters
Art Unit: 3761
Examiner: Truong, Linh T

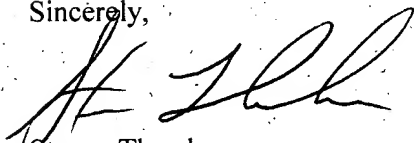
RECEIVED
JUL 22 2003
TECHNOLOGY CENTER R3700

Dear Sir/Madam,

Per your request, please find enclosed:

1. payment of the fee in connection with the amendment filed June 5, 2003, credit card payment form for \$210;
2. signed signature page, and
3. a copy of this notice.

Sincerely,



Steven Thrasher
Attorney for Applicant



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/595,787	06/16/2000	Drew Waters	108120.00001	3221

7590

06/20/2003

Steven Thrasher
387 Sandhill Drive
Richardson, TX 75080

EXAMINER

TRUONG, LINH T

ART UNIT

PAPER NUMBER

3761

DATE MAILED: 06/20/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

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TECHNOLOGY CENTER R3700



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address : COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.

EXAMINER	
ART UNIT	PAPER NUMBER

DATE MAILED:

INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☒ the amendment filed 6-5-03 is indicated below.

A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☒ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. ☐ The filing fee of \$ _____ submitted in this application is insufficient.
A balance of \$ _____ is due for additional claims.

5. ☒ *Signature page needs signing.*

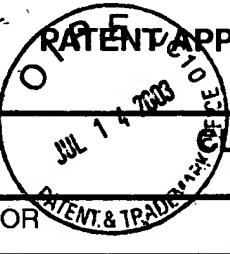
APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$ 210.00.

B. EXCESS PAYMENT:

5. ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

[Signature]
CLERK OF GROUP

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999</p> </div> <div style="text-align: right;"> <p>Application or Docket Number</p> <p style="font-size: 1.5em;">09 / 595787</p> </div> </div>			
CLAIMS AS FILED - PART I			
	(Column 1)	(Column 2)	
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE			
TOTAL CLAIMS	20 minus 20 =	*	—
INDEPENDENT CLAIMS	3 minus 3 =	*	—
MULTIPLE DEPENDENT CLAIM PRESENT			
<p>* If the difference in column 1 is less than zero, enter "0" in column 2</p>			
CLAIMS AS AMENDED - PART II			
	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 20 Minus ** 20	= —
	Independent	* 8 Minus *** 3	= 5
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		
	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		
<p>RECEIVED</p> <p>JUL 22 2003</p> <p>TECHNOLOGY CENTER R3700</p>			
	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	345

RATE	FEE
	690.00
X\$18=	
X78=	
+260=	
TOTAL	

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	210
+130=	
TOTAL ADDIT. FEE	210.

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	